

Ellendale United Methodist Church

Mother's Day Out Summer Camp Enrollment

CHILD'S INFORMATION

child's name (first, last): _____ goes by: _____

address: _____ zip code: _____

home phone: _____ age: _____ birth date: _____

Is child completely potty trained? YES NO gender: _____

PARENT INFORMATION

Mother's Information:

name (first, last): _____

address (if different): _____ zip code: _____

home phone: _____ work phone: _____ cell: _____

employer: _____ email: _____

Father's Information:

name (first, last): _____

address (if different): _____ zip code: _____

home phone: _____ work phone: _____ cell: _____

employer: _____ email: _____

Church you attend: _____

Names & ages of other children: _____

PICK-UP AUTHORIZATION (individuals other than parents):

I hereby authorize the EUMC MDO to allow my child to leave the center ONLY with the following persons:

1. _____ name _____ phone _____ relationship to child _____

2. _____ name _____ phone _____ relationship to child _____

3. _____ name _____ phone _____ relationship to child _____

4. _____ name _____ phone _____ relationship to child _____

(continued on back)